

TOWN OF ST. LEO
TEMPORARY USE PERMIT APPLICATION
P.O. Box 2479, Saint Leo, Florida 33574 352.588.2622 Fax 352.588.3010

Zoning District for proposed Temporary Use:
Agricultural ___ Business ___ Institutional ___ Residential ___ Special Event ___

PART I. APPLICANT INFORMATION DATE _____

Name of Organization: _____ EIN# _____

Date incorporated: _____ Non-Profit ___ Not-for-Profit ___

Contact Person: _____ Title: _____

Mailing address: _____

Phone number: (____) _____ Alternate phone Number(____) _____

Email address: _____ Fax: (____) _____

Property Address: _____

Property Parcel I.D.#: _____

Property Owner: _____ Contact Number _____

Address of Owner: _____

Date and duration of the temporary use and hours of operation. _____

Office Use Only: Based on all parts completed of this **Application for Temporary Use Permit** attached hereto, this Permit is:

DENIED ___ **APPROVED** ___ **APPROVED WITH NOTED CONDITIONS** ___

_____ **Date** _____

St. Leo Signature

_____ **Date** _____

Fire Inspector Signature

Fire Plan Review Fee \$ _____ Fire Permit Fee \$ _____ Fire Inspection Fee \$ _____

PART II. TERMS AND CONDITIONS

1. Application must include an affidavit from the property owner authorizing the applicant to utilize the property for the proposed temporary use and its duration of time. A copy of the affidavit shall be available on site during the operation of the temporary use.
2. Applicant/operator must be registered to do business in the State of Florida.
3. A scaled or dimensioned drawing of the total area to be utilized for the temporary use including setbacks from all streets and property boundaries, parking and any additional information deemed necessary to adequately review the temporary use permit application.
4. Application shall be filed with the Town Clerk not less than 30 days before the next Commission Meeting prior to the event and not more than 12 months before the proposed special event date. Permits for recurring events may be applied for and approved annually.
5. Events may be permitted temporarily for a period of up to six (6) weeks in any six-month period after issuance of a Temporary Use Permit.
6. The applicant shall be responsible for the payment of fees, deposits, or reimbursement of cost where a request is made to use Town services, equipment or property for this temporary use. In addition, the applicant shall be responsible for all costs incurred should inspection services be required in order to ensure compliance with the provisions of this ordinance. Any costs or repairs to, or restoration of public facilities shall be charged to the applicant.
7. The grant of a permit shall constitute the issuance of a limited license, and shall not create a property right, or entitle the applicant/operator to violate any regulations applicable to the use of public or private property for this temporary use permit.

PARKING/TRAFFIC/RIGHT OF WAY

8. The applicant/operator shall provide designated, safe and adequate on-site and off-site parking; no parking shall be allowed within a public right-of-way in order to maintain the safe and orderly flow of traffic.
9. The applicant/operator shall provide safe and adequate ingress and egress to the property including safe clear sight distance for vehicles entering or leaving the property. Barriers (such as railroad ties, fencing or other acceptable barrier as approved by the Town Commission or its designee) shall be provided by applicant to direct vehicle ingress/egress to an existing driveway(s). Where a delineated driveway does not exist on the property, a driveway location shall be delineated, as approved by the Town Commission or its designee, for the purpose of ingress/egress during the duration of the temporary use.

10. The applicant/operator shall insure that all stages, tents, retail sales and food vending area, other than parking, are located at least twenty-five (25) feet from a public right-of-way and any neighboring residential areas.

OTHER PERMITS/LICENSES/INSPECTIONS

11. The applicant/operator shall obtain, prior to operation of the temporary use, appropriate building permits and fire inspections for any structures to be located on the property. Also all other permits and licenses required for the operation of the temporary use such as, business tax license, required liquor license, sign permit or any permit required by the Pasco County Health Department. These permits must be submitted to the Town Clerk prior to the issuance of the Temporary Use permit.

SIGNAGE

12. No signage shall be located on the roof of any structure, vehicle or mobile trailer. In lieu of signage on the structure, vehicle, mobile trailer or cart, appropriate free-standing signage shall be permitted during the duration of the Temporary Use Permit and shall be subject to the sign area, setback and height requirements as set forth in Article IX. Sign Regulations, Sec. 11.1-11.12.
13. The applicant shall be responsible to contact the Pasco County Sheriffs Office immediately upon the occurrence of any criminal activity or medical incidents where fire rescue is called or treatment is given. In addition, the applicant shall notify the Town in writing of all such incidents in the Post-Event Report.

PART III. EVENT SPONSORSHIP

Do you have any co-sponsors for the event? ____ No ____ Yes

If yes, Please list: _____

Will an admission fee be charged to attend this event? ____ No ____ Yes

If yes, how much will the fee be? _____

PART IV. EVENT INFORMATION

Name of proposed event: _____

Date(s) and time(s) of proposed event: _____

Proposed event
location: _____

If the proposed event is a bicycle or foot race or a parade, please list the point or origin, path, and the termination point as well as estimated number of entries (Attach maps as needed to clarify the parade route):

Will the event require the closure of a state highway? _____ No _____ Yes
If yes, approval from the state must be submitted with this application.

Will the event require use of a public street/avenue? _____ No _____ Yes, If yes,
Street Name _____.

Estimated number of Vendors: _____

Estimated number of food/beverage concessionaires: _____

Is it proposed that alcoholic beverages be sold, served or consumed at this event? _____ No
_____ Yes.

Briefly describe the proposed event and the specific activities associated with it:

Have you held this event before in St. Leo? _____ No _____ Yes

If yes, when: _____ Somewhere else? Where: _____

Estimate of anticipated number of spectators/participants attending the event: _____

In the event of inclement or hazardous weather, do you have an alternate date
selected? _____ No _____ Yes

If yes, what is the alternative date? _____

What electrical services will be required/provided for the event? (Please be as specific as
possible): _____

Please list all equipment, e.g. stage, tents, vehicles, etc. that you propose to use in the event or bring onto Town property or streets (All subject to approval) Note that tents larger than 10X10 will also require a fire rating certificate.

Please provide/attach a description including a map and location and number of public facilities to be provided for the event (e.g., toilets, garbage cans, etc.)

Please attach documentation of the appropriate application for Pasco Health Department permitting for public facilities.

PART V. REQUIRED FACILITIES AND INSURANCE INFORMATION

Who is your liability carrier for the event?

Attach proof of liability insurance in the amount of One Million Dollars (\$1,000,000.00), or Two Million Dollars (\$2,000,000.00) if the event will include fireworks or the consumption of alcoholic beverage. All policies shall name the Town of St. Leo as an additional insured for the event.

I/we agree to obtain and maintain the required liability insurance and to secure all necessary local, state and federal permits and to comply with all terms and conditions applicable to this Temporary Use Permit, as set forth in ORDINANCE 11-02, Town of St. Leo.

I/we certify that the information contained in this application is true and accurate to the best of my/our knowledge. As applicant for the event, I/we agree to release and hold harmless the Town of St. Leo from liability of any kind for any and all damages arising out of any loss or injury resulting from the conduct of this event. This release includes a release for any and all losses or injury arising while conducting an event using The Town of St. Leo facilities or property and for any and all losses or injury to persons attending this special event.

I/we certify that individuals will not be barred from participation in this event due to race, creed, color, national origin, sex, age, or physical impairment.

By: _____ Date _____

Printed Name(s) _____ Title _____

APPLICATION FOR CONSUMPTION OF ALCOHOLIC BEVERAGES

Events including the consumption of alcoholic beverages must attach proof of liability insurance in the amount of Two Million Dollars (\$2,000,000.00) naming the Town of St. Leo as an additional insured.

No applicant shall be issued more than three permits per year, and no permitted event may exceed two days in duration.

Please provide a general description of how the use of alcohol will be incorporated into the proposed special event:

Please attach a diagram/map to this application depicting specific clearly identifiable, designated and secured areas within the event venue where beverage sales and consumption are to occur.

Please attach documentation to this application of appropriate applications for state alcoholic beverage licensing for this event.

Please provide a description of how security and beverage law compliance will be provided, including hours of sale and consumption during the event:

Please provide a description of the type(s) of beverage(s) and beverage container(s) to be used in conjunction with the event:

I agree to comply with all terms and conditions applicable to the conduct of special events, specifically pertaining to the consumption of alcoholic beverages, as set forth in Ordinance 77-03, as amended, and further certify that the information contained in this application is true and correct to the best of my knowledge.

By: _____ **Date:** _____

Printed Name: _____